



**KNIGHTS OF COLUMBUS**  
**IOWA**  
**KNIGHT OF THE MONTH**  
**REPORT**  
**FORM**



THIS REPORTING FORM SHOULD BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE NAME BELOW.

Council No. \_\_\_\_\_ City \_\_\_\_\_ GK Phone No. \_\_\_\_\_

<b>Month</b>	<b>Knight of the Month – Name</b>	<b>Shirt Size</b>
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____

**KNIGHT OF THE YEAR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone ( ) \_\_\_\_\_

By the tenth (10<sup>th</sup>) of the following month you select the Knight of the month for your council:

E-Mail Monthly Information to: [dlburger@jtt.net](mailto:dlburger@jtt.net) or  
Mail Monthly Information to: State Councils Active Chairman  
Donald H. Burger  
1261 6th St  
Jesup, IA 50648-11 52  
Phone: 319-827-6657

